

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027596

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 163

FILED JUL 29 1963

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs		c. CITY OR TOWN El Dorado Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 301 South Forest St.		d. STREET ADDRESS (If outside, give location) 301 South Forest St.	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIS R. GALLUP		4. DATE OF DEATH Month Day Year 7-24-63	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-12-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee		11. BIRTHPLACE (City and state or country) Petis Co., Mo.	
13a. FATHER'S NAME Eugene Gallup		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		17. INFORMANT Ruby Gallup El Dorado Spgs., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8/5/59 to 7/24/63 and last saw him alive on 7/24/63 Death occurred at 4:00 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. C. Sundermuth, D.O.		22b. ADDRESS El Dorado Springs, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Clintonville Cemetery	
23b. DATE 7-27-63		23d. LOCATION (City, town, or county) El Dorado Springs, Mo.	
24. FUNERAL DIRECTOR Gwinn-Carothers		25. DATE RECD. BY LOCAL REG. 7-26-63	
26. REGISTRAR'S SIGNATURE J. E. Durham per X.M.			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

AUG 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

May W. Riekering

Licensed Embalmer No.

4696

P. O. Address

El Dorado Spgs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit Obtained